

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MASSACHUSETTS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Athol Memorial Hospital NMTC Holdings, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 00-1282189

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

2033 Main Street
Athol, MA 01331

Number, Street, City, State & ZIP Code

Worcester
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.atholhospital.org

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Athol Memorial Hospital NMTC Holdings, Inc. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6211

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Athol Memorial Hospital NMTC Holdings, Inc.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See attached Rider 1.** Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Athol Memorial Hospital NMTC Holdings, Inc.** Case number (if known) _____
Name

16. Estimated liabilities

- | | | |
|--------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Athol Memorial Hospital NMTC Holdings, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/01/2023

X


Signature of authorized representative of debtor

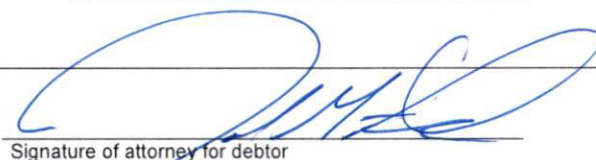
Thomas Sullivan

Printed name

Title **Co-Chief Executive Officer**

18. Signature of attorney

X


Signature of attorney for debtor

Date 10/01/2023

John M. Flick

Printed name

FLICK LAW GROUP, P.C.

Firm name

144 Central Street

Unit 201

Gardner, MA 01440

Number, Street, City, State & ZIP Code

Contact phone **978-632-7948**

Email address **jflick@flicklawgroup.com**

652169 MA

Bar number and State

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MASSACHUSETTS
CENTRAL DIVISION**

In re:)	Chapter 11
)	
ATHOL MEMORIAL HOSPITAL NMTC)	Case No.
HOLDINGS, INC.,)	
)	Honorable
)	
Debtor.)	

Rider 1

Pending Bankruptcy Cases Filed by the Debtor and Affiliates of the Debtor

On the date hereof, each of the entities listed below (collectively, the “Debtors”) filed a petition in the United States Bankruptcy Court for the District of Massachusetts for relief under chapter 11 of the title 11 of the United States Code. The Debtors have moved for joint administration of these cases under the case number assigned to the chapter 11 case of Heywood Healthcare, Inc.

1. Heywood Healthcare, Inc.
2. The Henry Heywood Memorial Hospital
3. Athol Memorial Hospital
4. Heywood Medical Group, Inc.
5. Athol Memorial Hospital NMTC Holdings, Inc.
6. Quabbin Healthcare, Inc.
7. Heywood Realty Corporation

**RESOLUTION OF THE BOARD OF TRUSTEES OF
ATHOL MEMORIAL HOSPITAL NMTC HOLDINGS, INC.
SPECIAL MEETING
SEPTEMBER 29, 2023**

WHEREAS, the Board of Trustees of Athol Memorial Hospital NMTC Holdings, Inc. (“Athol NMTC”) have considered the financial condition and circumstances of Athol NMTC;

WHEREAS, the Board of Trustees has reviewed, considered, and received the recommendations of the senior management of Athol NMTC, Heywood Healthcare, and their professionals and advisors as to the relative risks and benefits of a chapter 11 bankruptcy proceeding; and

WHEREAS, the Board of Trustees has made an informed determination that it is in the best interests of Athol NMTC, the communities served by Athol NMTC, Athol NMTC’s creditors and other interested parties, to file a voluntary petition (the “Voluntary Petitions”) for relief under chapter 11 of Title 11 of the United States Code, 11 U.S.C. § 101 et seq. (the “Bankruptcy Code”).

Filing of Voluntary Petitions

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees hereby finds, determines and concludes that it is desirable and in the best interests of Athol NMTC, the communities served by Athol NMTC, Athol NMTC’s creditors and other interested parties, that the Voluntary Petitions seeking relief under the Bankruptcy Code and the filing of the Voluntary Petitions is authorized hereby.

Appointment of Authorized Officers

RESOLVED, that Thomas Sullivan and Rozanna Penney (the “Authorized Officers”) are authorized on behalf of Athol NMTC to execute and verify the Voluntary Petitions in the name of Athol NMTC under Chapter 11 of the Bankruptcy Code, and to cause the same to be filed in the United States Bankruptcy Court in such form and at such time as the Authorized Officers shall determine.

Actions by Authorized Officers

RESOLVED, that the Board of Trustees hereby authorizes and empowers the Authorized Officers to take such other actions at such time as they deem necessary, appropriate or desirable to cause the preparation and filing of the Voluntary Petitions, schedules, statement of financial affairs, lists, pleadings and other papers or documents, and to take any and all actions which they deem necessary or proper for and on behalf of Athol NMTC to obtain relief under the Bankruptcy Code, including without limitation depositing the executed Voluntary Petitions, schedules, statement of financial affairs, lists, pleadings and other papers or documents in the custody of the law firm of Foley & Lardner LLP (“Foley & Lardner”), to be held in trust until such time as the Authorized Officers instruct Foley & Lardner, either orally or in writing, to file the Voluntary Petitions and schedules, statement of financial affairs, lists, pleadings and other papers or documents;

RESOLVED FURTHER, the Authorized Officers are hereby authorized and empowered on behalf of, and in the name of Athol NMTC to take such actions as are necessary, appropriate, advisable or desirable to pursue and maximize the benefits of Chapter 11, including without limitation: (i) making arrangements for postpetition financing and/or use of cash collateral; (ii) pursuing and consummating any sale or sales of assets; and (iii) developing, negotiating, confirming and performing under, a bankruptcy plan of reorganization or liquidation, and to negotiate, execute and deliver any and all agreements, instruments and related documents that, in the judgment and discretion of the Authorized Officers, are necessary, appropriate, advisable or desirable for consummating such financing or use of cash collateral, for pursuing and consummating such sale or sales of assets or for such development, negotiation and confirmation of, and performance under, such a bankruptcy plan of reorganization or liquidation, including without limitation executing credit agreements, asset purchase agreements, plans and related documents;

RESOLVED FURTHER, that the Authorized Officers are authorized to employ the law firm of Foley & Lardner LLP, as general bankruptcy counsel to Athol NMTC, and Flick Law Group, P.C. as local and conflicts counsel, and to take any and all actions to advance Athol NMTC's rights and, in connection therewith, the Authorized Officers are authorized to pay appropriate retainers prior to and immediately upon the filing of the Chapter 11 cases, and to cause to be filed appropriate applications for authority to retain the services of Foley & Lardner LLP;

RESOLVED FURTHER, that the Authorized Officers are authorized to employ additional professionals, including without limitation any attorneys, financial advisors or consultants to Athol NMTC as the Authorized Officers deem necessary, appropriate, advisable or desirable to represent and assist Athol NMTC in considering restructuring alternatives and carrying out their respective duties under the Bankruptcy Code; and in connection therewith, the Authorized Officers are hereby authorized to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the Voluntary Petitions, and to cause to be filed appropriate applications for authority to retain the services of such additional professionals;

RESOLVED FURTHER, that the Authorized Officers (and such other officers as the Authorized Officers may from time to time designate) are authorized and powered, in the name of, and on behalf of Athol NMTC: (a) to take or cause to be taken any and all such other and further action; (b) to do and perform, or cause to be done or performed, all such acts and things; (c) to negotiate, execute and deliver, or cause to be negotiated, executed or delivered, all such further papers, pleadings, documents and instruments of any type and description; and (d) to pay, or cause to be paid, any and all fees, charges and costs of any type or description, all of which may be, or may be deemed to be, necessary, appropriate, advisable or desirable to effect the purposes and intent of the foregoing resolutions, the necessity, propriety, advisability or desirability of which shall be conclusively evidenced by any such officer's taking, or causing to be taken, any such action, doing and performing, or causing to be done or performed, any such act or thing, executing and delivering, or causing to be executed and delivered, any such papers, pleadings, documents or instruments, or paying, or causing to be paid, any such fees, charges and costs; and the execution by any of such officers of any such papers, pleadings, documents or instruments, or the doing by any of them of any act or thing in connection with any of the matters or things contemplated by, arising out of or in connection with, or otherwise relating in any manner whatsoever, the subject of the resolutions set forth above, shall conclusively establish

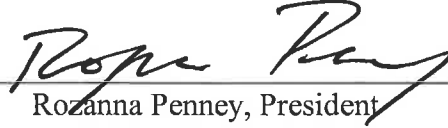
their authority therefor from Athol NMTC and the approval and ratification by Athol NMTC of any and all papers, pleadings, documents and instruments so executed and delivered, and any and all action so taken, done or performed.

Prior Related Acts

RESOLVED, that all of the acts and transactions relating to matters contemplated by the foregoing resolutions of management and members of the Board of Trustees in the name and on behalf of Athol NMTC, which acts would have been approved by the foregoing resolutions except that such acts were taken prior to execution of these resolutions, are hereby in all respects confirmed, approved and ratified.

[Signature page follows.]

I hereby certify that the foregoing resolutions were duly adopted by the Board of Trustees of Athol NMTC at a special meeting on September 29, 2023, at which a quorum was present.


Rozanna Penney, President

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MASSACHUSETTS
CENTRAL DIVISION**

In re:)	Chapter 11
)	
ATHOL MEMORIAL HOSPITAL NMTC)	Case No.
HOLDINGS, INC.,)	
)	Honorable
)	
Debtor.)	

LIST OF EQUITY SECURITY HOLDERS

Athol Memorial Hospital NMTC Holdings, Inc. is a Massachusetts non-profit charitable organization. The sole member of Athol Memorial Hospital NMTC Holdings, Inc. is Heywood Healthcare, Inc. Consequently, there are no shareholders or equity holders in the for-profit corporate sense.

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MASSACHUSETTS
CENTRAL DIVISION**

In re:)	Chapter 11
)	
ATHOL MEMORIAL HOSPITAL NMTC)	Case No.
HOLDINGS, INC.,)	
)	Honorable
)	
Debtor.)	

CORPORATE OWNERSHIP STATEMENT

Pursuant to rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, the following are corporations, other than a government unit, that directly or indirectly own 10% or more of any class of the debtor's equity interest:

Athol Memorial Hospital NMTC Holdings, Inc. is a Massachusetts not-for-profit corporation. The sole member of Athol Memorial Hospital NMTC Holdings, Inc. is Heywood Healthcare, Inc., a Massachusetts not-for-profit corporation. As a consequence, there are no shareholders or equity holders in the for-profit corporate sense.

Fill in this information to identify the case:

Debtor name **Heywood Healthcare, Inc., et al.**
 United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders (on a Consolidated Basis)

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
COMMONWEALTH OF MASS 19 STANIFORD STREET 1ST FLOOR BOSTON, MA 02114-2502	ALICIA SCAHILL 617-573-1600 ALICIA.R.SCAHILL@MASS.GOV	ADVANCE				\$6,000,000.00
HEYWOOD GREEN STREET LLC 250 1 ST AVENUE SUITE 202 NEEDHAM, MA 02494	WILLIAM LANGLOIS 781-675-2051 WLANGLOIS@WATERSTONEPG.COM	LEASE	DISPUTED			\$2,945,097.00
STRYKER ORTHOPEDICS P.O. BOX 93213 CHICAGO, IL 60673	SAMANTHA ROJAS, 800-733-2383 OPT. 4 SAMANTHA.ROJAS@STRYKER.COM	TRADE VENDOR				\$2,339,337.44
MEDEFIS INC 2121 NORTH 117TH AVE SUITE 200 OMAHA, NE 68164	NICOLE MCNALLY 214-416-3416 NICOLE.MCNALLY@MEDEFIS.COM	TRADE VENDOR				\$1,181,675.69
CARDINAL HEALTH PHARMACEUTICAL DIST 11 CENTENNIAL DRIVE PEABODY, MA 01960	GAURAV SHARMA 1-866-739-4754 EX. : 200238348 GAURAV.SHARMA06@CARDINALHEALTH.COM	TRADE VENDOR				\$1,151,787.67
LABCORP OF AMERICA HOLDINGS P.O. BOX 12140 BURLINGTON, NC 27216	SALLY GIBBS 888-294-7614 X5491 GIBBSS@LABCORP.COM	TRADE VENDOR				\$1,099,500.44
MEDLINE INDUSTRIES 1 MEDLINE PLACE MUNDELEIN, IL 60060	CINDY TROJAN 847-643-4973 CTROJAN@MEDLINE.COM	TRADE VENDOR				\$627,803.17
TMX HEALTHCARE TECHNOLOGIES LLC 5451 LAKEVIEW PKWY S DR. INDIANAPOLIS, IN 46268	TRACY SHERIDAN CZERWONKY 317-715-0525 TRACY.SHERIDANCZERWONKY@TRIMEDX.COM	TRADE VENDOR				\$519,527.53

Debtor **Heywood Healthcare, Inc., et al.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
B.E. SMITH LLC PO BOX 74007636 CHICAGO, IL 60674	KIM POOLE 469-706-1830 KIM.POOLE@AMNHEALTHCARE.COM	TRADE VENDOR				\$496,051.54
NATIONAL GRID PO BOX 371396 PITTSBURGH, PA 15250	JIM MAY 774-239-4945 JAMES.MAYII@NATIONALGRID.COM	TRADE VENDOR				\$465,653.85
QUARTULLI & ASSOCIATES INC. P O BOX 423 GARDNER, MA 01440	CHARLENE COSTA 508-839-5806 CCOSTA1@VERIZON.NET	TRADE VENDOR				\$457,215.12
CLEARWAY HEALTH, LLC PO BOX 845018 BOSTON, MA 02284	NATALIE MEITZNER 316-213-6882 NATALIE.MEITZNER@BMC.ORG	TRADE VENDOR				\$343,257.42
HOLOGIC INC 10210 GENETIC DRIVE SAN DIEGO, CA 92121	JOSSELINE GARCIA B. 800-442-9892 OPT. 4 JOSSELINE.GARCIA@HOLOGIC.COM	TRADE VENDOR				\$306,507.50
NUANCE COMMUNICATIONS INC ONE WAYSIDE ROAD BURLINGGTON, MA 01803	GEANA LUXMORE 857-214-6583 GEANA.LUXMORE@NUANCE.COM	TRADE VENDOR				\$301,258.94
ALLIANCE HEALTHCARE SERVICES 18201 VON KARMAN AVE SUITE 600 IRVINE, CA 92612	DALENE ARMAS 949-242-5342 DALENE.ARMAS@AKUMIN.COM	TRADE VENDOR				\$299,225.54
MEDICAL INFORMATION TECHNOLOGY INC. 7 BLUE HILL RIVER ROAD CANTON, MA 02021	BRI IRVINE 781-774-4539 BIRVINE@MEDITECH.COM	TRADE VENDOR				\$297,820.00
DIVERSIFIED CLINICAL SERVICES INC 28525 NETWORK PLACE CHICAGO, IL 60673	JENNIFER HAIREL 904-446-3440 JENNIFER.HAIREL@HEALOGICS.COM	TRADE VENDOR				\$282,484.27
ENGIE RESOURCES LLC 1360 POST OAK BLVD SUITE 400 HOUSTON, TX 77056	LISSETTE VEGA 866-MYENGIE LISSETTE.VEGA@ENGIE.COM	TRADE VENDOR				\$253,694.85
E-MANAGEMENT ASSOCIATES, LLC PO BOX 473 AMHERST, NH 03031	DANA WALKER 800-816-6053 DANA@EMANAGEMENTASSOCIATES.COM	TRADE VENDOR				\$215,934.58
PARK PLACE INTERNATIONAL LLC 8401 CHAGRIN ROAD CHAGRIN FALLS, OH 44023	ANDREA HASSO 440-424-5920 AHASSO@GOCLOUDWAVE.COM	TRADE VENDOR				\$203,213.45
WATERSTONE PETERSHAM MEDICAL 250 FIRST AVE., SUITE 202 NEEDHAM, MA 02494	WILLIAM LANGLOIS 781-675-2051 WLANGLOIS@WATERSTONEPG.COM	LEASES				\$190,554.53

Debtor **Heywood Healthcare, Inc., et al.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CHANGE HEALTHCARE SOLUTIONS, LLC 3055 LEBANON PIKE, STE. 1000 NASHVILLE, TN 37214	ANDY MCKEITHAN-BOLDING 404-338-4622 ANDY.MCKEITHAN-BOLDING@CHANGEHEALTHCARE.COM	TRADE VENDOR				\$176,496.59
LOGIXHEALTH 8 OAK PARK DRIVE BEDFORD, MA 01730	KIMBERLEE GIRARD 781-280-1558 KGIRARD@LOGIXHEALTH.COM	TRADE VENDOR				\$168,162.56
SYMETRA LIFE INSURANCE COMPANY 777 108 TH AVE NE, # 1200 BELLEVUE, WA 98004	ANNE F. NEWTON 617-565-8311 ANNE.NEWTON@SYMETRA.COM	TRADE VENDOR				\$166,486.32
ROCHE DIAGNOSTICS CORPORATION 9115 HAGUE RD. PO BOX 50100 INDIANAPOLIS, IN 46250	BRANDON ALLEN 317-263-4734 BRANDON.ALLEN@ROCHE.COM	TRADE VENDOR				\$166,379.71
BOSTON SCIENTIFIC CORP 500 COMMANDER SHEAL BLVD. N. QUINCY, MA 02171	EMILIA BRAZA 508-683-4129 EMILIA.BRAZA@BSCI.COM	TRADE VENDOR				\$165,482.02
ZIMMER US, INC. 56 EAST MAIN STREET WARSAW, IN 46580	CHAD PHIPPS 574-267-6131 CHAD.PHIPPS@ZIMMERBIOMET.COM	TRADE VENDOR				\$158,511.01
MASS HOSPITAL ASSOCIATION 500 DISTRICT AVE. BURLINGTON, MA 01802	DAVID SACCO 781-262-6046 DSACCO@MHALINK.ORG	ORGANIZATIONAL MEMBERSHIP				\$158,246.00
ESOTERIX GENETIC LABORATORIES LLC PO BOX 12140 BURLINGTON, NC 27216	SANDRA VAN DER VAART 800-343-4407 VAARTS@LABCORP.COM	TRADE VENDOR				\$127,266.83
CENTURY LINEN EAST LLC 335 N. MAIN ST. GLOVERSVILLE, NY 12078	TAMI ALLEN 315-569-5598 TALLEN@CENTURYLINEN.COM	TRADE VENDOR				\$126,920.16

Fill in this information to identify the case:

Debtor name Athol Memorial Hospital NMTC Holdings, Inc.
United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

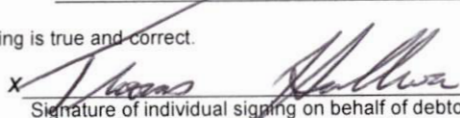
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☒ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/01/2023

x 
Signature of individual signing on behalf of debtor

Thomas Sullivan
Printed name

Co-Chief Executive Officer
Position or relationship to debtor

OFFICIAL FORM 7

United States Bankruptcy Court
District of Massachusetts

In re Heywood Healthcare, Inc.

Debtor(s)

Case No.

Chapter

11

DECLARATION RE: ELECTRONIC FILING


PART I- DECLARATION OF PETITIONER

I Thomas Sullivan, **hereby declare(s) under penalty of perjury** that all of the information contained in my the foregoing voluntary petition and related documents (singly or jointly the "Document"), filed electronically, is true and correct. I understand that this *DECLARATION* is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this *DECLARATION* may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that pursuant to the Massachusetts Electronic Filing Local Rule (MEFLR)-7(a) all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/ECF Registered User for a period of five (5) years after the closing of this case.

Dated: 10/01/2023

Signed:


Thomas Sullivan
(Affiant)

PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this *DECLARATION*, and I have followed all other electronic filing requirements currently established by local rule and standing order. This *DECLARATION* is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Dated: 10/01/2023

Signed:


John M. Flick (MA Bar No. 652169)
FLICK LAW GROUP, P.C.
144 Central Street, Unit 201
Gardner, MA 01440
978-632-7948
jflick@flicklawgroup.com
Attorney for Affiant